## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # P99000002537 1. Entity Name LA BELLA SAUSAGE, INC. Principal Place of Business Mailing Address PO BOX 15609 16170 AVIATION LOOP DRIVE BROOKSVILLE, FL 34604 BROOKSVILLE, FL 34609 04092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3634489 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent KURPPE, GEORGE DO NOT WRITE 1242 LANSING DR. SPRING HILL, FL 34608 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and fife # applicable (NOTE: Registered Agent signature regulard when (sinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE KURPPE, GEORGE NAME U00000503986 STREET ADDRESS 1242 LANSING DR. 04/26/06-80053-018 150.0 CITY-ST-ZIP SPRING HILL, FL 34608 TITLE NAME STITEET ADDRESS CITY-ST-ZIP MLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-06 (352) 799-6301

FILED

Daytone Phone #